1

 $\boxtimes$ 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DLIFF & BERRIDGE, PLC 9.O. Box 19928

Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787

Attorney Docket No.: 112137

March 4, 2002 Date:

# **BOX PATENT APPLICATION**

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** 

Director of the U.S. Patent and Trademark Office

Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

DIALYZING APPARATUS

By (Inventors):

Keizoh KAWAGUCHI

$\boxtimes$	Formal drawings (Figs. 1-7; 7 sheets) are attached.
	Use Figure for front page of Publication.
$\boxtimes$	A Declaration and Power of Attorney is filed herewith.
$\boxtimes$	This patent application is assigned to COLIN CORPORATION.
	The executed Assignment is filed herewith.
	An Information Disclosure Statement is filed herewith.
$\boxtimes$	Entitlement to small entity status is hereby asserted.
X	A Preliminary Amendment is filed herewith.
	Please amend the specification by inserting before the first line the sentenceThis nonprovisional application claims
	the benefit of U.S. Provisional Application No. , filed
$\boxtimes$	Priority of foreign application No. 2001-202720 filed July 3, 2001 in JAPAN is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application is filed herewith.

This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

 $\boxtimes$ The filing fee is calculated below:

### CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	
BASIC FEE		444	
TOTAL CLAIMS	7 - 20	= 0	
INDEP CLAIMS	1 - 3	= 0	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			

\* If the difference is less than zero, enter "0".

SMALL ENTITY				
RATE	FEE	<u>OR</u>		
S 24.2	\$ 370	<u>OR</u>		
x 9=	\$	<u>OR</u>		
x 42 =	\$	<u>OR</u>		
+ 140 =	\$	<u>OR</u>		
TOTAL	\$ 370	<u>OR</u>		
iling fee is attached. Except as				

### OTHER THAN A **SMALL ENTITY**

2	RATE	FEE
2		\$ 740
<u>.</u>	x 18	\$
<u>.</u>	x 84	\$
2	+ 280	\$
<u>'</u>	TOTAL	\$

Check No. 128383 in the amount of \$370.00 to cover the fil is otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

Thomas J. Pardini Registration No. 30,411